## FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D.** SECTION 4(6), AND/OR IFORM LIMITED OFFERING EXEMPTION hours per response ...... 1 SEC USE ONLY Prefix Serial DATE RECEIVED

Estimated average burden

OMB Number:

Expires:

3235-0076

May 31, 2005

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Series C Convertible Preferred Stock Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 **M** Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: New Filing TM Amendment (BR) (III BREH BIHE BHE BHE BHIN BRIER HIRE

		A. BASIC IDENTII	FICATION DATA		
1. Enter the information requ	ested about the issu-	er			
Name of Issuer (☐ check if iCode, Inc.	this is an amendme	nt and name has changed,	and indicate change.)	03036	523
Address of Executive Offices 5160 Packstone Drive, Suite 1			City, State, Zip Code)	Telephone Number (703) 961-8100	er (Including Area Code)
Address of Principal Business (if different from Executive O	•	(Number and Street,	City, State, Zip Code)	'	er (Including Area Code)
Brief Description of Business				PR(	CESSED
Type of Business Organizatio  ✓ corporation  □ business trust	☐ limited partn	ership, already formed ership, to be formed	□ other (please s	sectivy:	V 05 2003 Homson ♥
Actual or Estimated Date of I	ncorporation or Org	Month 0 5	Year 9 8	Actual	inancial

CN for Canada; FN for other foreign jurisdiction)

## Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

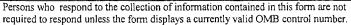
### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information req	uested for the fol	lowing:			· · · · · · · · · · · · · · · · · · ·
<ul> <li>Each promoter of t</li> </ul>	the issuer, if the i	ssuer has been organized	d within the past five ye	ars;	
<ul> <li>Each beneficial ow securities of the iss</li> </ul>		ower to vote or dispose,	or direct the vote or dis	position of, 10% o	or more of a class of equity
Each executive off	ficer and director	of corporate issuers and	of corporate general an	d managing partn	ers of partnership issuers; and
Each general and r	nanaging partner	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	Reneficial Owner	<b>▼</b> Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Mehta, Bijal	if individual)				
Business or Residence Addr 5160 Packstone Drive, Suite			Code)		
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	▼ Executive Officer	<b>TX</b> Director	☐ General and/or  Managing Partner
Full Name (Last name first, Jani, Ali	if individual)				
Business or Residence Addr 5160 Packstone Drive, Suite			Code)		
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or  Managing Partner
Full Name (Last name first, Shah, Sanjay	if individual)				
Business or Residence Addr #70/25 Circular Road 4th Blo					
Check Box(es) that Apply	☐ Promoter	TM Beneficial Owner	☐ Executive Officer	<b>N</b> Director	☐ General and/or  Managing Partner
Full Name (Last name first, Peck, Donald	if individual)	,			
Business or Residence Addr 11 Golf Links New Delhi 110		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or  Managing Partner
Full Name (Last name first, Burton, John	if individual)	,			
Business or Residence Addr 2100 Reston Parkway, Suite			Code)		
Check Box(es) that Apply	☐ Promoter	TM Beneficial Owner	☐ Executive Officer	M Director	☐ General and/or  Managing Partner
Full Name (Last name first, Fernandes, Mark	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Addr 2884 Sand Hill Road, Suite			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Guleri, Tim	if individual)				
Business or Residence Addr 2884 Sand Hill Road, Suite			Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)  $2(a) \ of \ 8$ 

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply ☐ Executive Officer □ Director ☐ General and/or ☐ Promoter M Beneficial Owner Managing Partner Full Name (Last name first, if individual) Nandi Investment Limited Business or Residence Address (Number and Street, City, State, Zip Code) Les Cascades Building, Edith Cavell Street, Port Louis, Mauritius ☐ Executive Officer Check Box(es) that Apply □ Promoter ☐ Director ☐ General and/or N Beneficial Owner Managing Partner Full Name (Last name first, if individual) Updata Venture Business or Residence Address (Number and Street, City, State, Zip Code) 2100 Reston Parkway, Suite 430 Reston VA 20191 ☐ Executive Officer ☐ Director Check Box(es) that Apply ☐ Promoter ☐ General and/or Weneficial Owner Managing Partner Full Name (Last name first, if individual) Sierra Ventures Business or Residence Address (Number and Street, City, State, Zip Code) 2884 Sand Hill Road, Suite 100, Menlo Park, CA 94025 Check Box(es) that Apply ☐ Promoter ☐ Executive Officer ☐ Director ☐ General and/or TM Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply ☐ Promoter ☐ Executive Officer ☐ Director ☐ General and/or TM Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

	•				В. П	NFORMA	ATION A	BOUT O	FFERIN	G <sup>°</sup>				
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1.	Has the iss	suer sold								offering?.				×
2	What is th						-	under UL	OE.				\$	NT/A
۷.	What is th	ie minim	ium inves	imeni inai	will be a	ccepted ir	om any m	idividuai?					<b>ა_</b> Ye:	<u>N/A</u> <u>No</u>
3.	Does the o	ffering r	ermit ioi	nt owners	hip of a si	nole unit?								
			-		-	_						ly, any comn		1 <b>V</b> I
	or similar listed is an of the bro	remunei n associa ker or de	ration for ited perso ealer. If i	solicitation n or agent nore than	on of purc of a brok	hasers in e er or deal ersons to	connectio er register	n with sal- ed with th	es of secu ie SEC an	rities in tl d/or with	ne offering a state or	g. If a person states, list the or dealer, yo	n to be e name	
Full Na	ime (Last n	ame first	, if individ	lual)		<del>-</del>								
Busine	ss or Resid	ence Add	lress (Nun	nber and S	treet, City,	State, Zip	Code)							
						-							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Name o	of Associate	ed Broke	r or Deale	r										
States i	n Which P	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers							
(Che	eck "All Sta	ates" or c	heck indiv	vidual State	es)		,			*************			🗆 A	ll States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ime (Last n	ame first	, if individ	lual)										
Busine	ss or Resid	ence Add	lress (Nun	nber and S	treet, City,	State, Zip	Code)					<u></u>		
Name o	of Associate	ed Broke	r or Deale	r						<u> </u>			y a 11	
States i	n Which P	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers						,	
(Che	eck "All Sta	ates" or c	heck indiv	vidual State	es)	• • • • • • • • • • • • • • • • • • • •							🗆 A	Il States
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[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ime (Last n	ame first	, if individ	lual)		••								
Busine	ss or Resid	ence Add	lress (Nun	nber and S	treet, City	, State, Zip	Code)		1.1.				<del></del>	
Name o	of Associate	ed Broke	r or Deale	r		<del></del>					W-47			
C+-+:	1171.1 D	T	4 . 1 IV C	1: 4: 1	T	C 1: : D	1							
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[MT [RI]		[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 8

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F PROCE	EDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box <sup>TM</sup> and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				***************************************
	Type of Security		egate g Price		ount Already Sold
	Debt		-		
	Equity				
				-	
	Convertible Securities (including warrants)	•	000 000	c	9 000 000
	Partnership Interests				
	Other (Specify))				
	Total				
		\$ <u>8</u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	a	8,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Nun Inves		Do	Aggregate lar Amount Purchases
	Accredited Investors	1;	3	\$	8,000,000
	Non-accredited Investors			\$	·
	Total (for filings under Rule 504 only)			<b>\$</b>	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C-$ Question 1.				
	Type of offering	Тур Ѕесі		Do	llar Amount Sold
	Rule 505		•	\$	5014
	Regulation A			\$ \$	
	Rule 504				
	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			<u> </u>	
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs			\$	
	Legal Fees		··· 🕱	\$	60,000
	Accounting Fees		•	\$	···
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)		🗆	\$	
	Other Expenses (identify) Finder's Fee		🗆	\$	

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXI	PENSES AN	D USE OF PROCE	EDS		
	b. Enter the difference between the aggregate offering pric total expenses furnished in response to Part C – Questio proceeds to the issuer."	on 4.a. This difference is	s the "adjuste	ed gross		\$	7,940,000
5.	Indicate below the amount of the adjusted gross proceeds each of the purposes shown. If the amount for any purpose the box to the left of the estimate. The total of the paproceeds to the issuer set forth in response to Part C - Ques	se is not known, furnish a syments listed must equa	n estimate an	d check			
				Payments to Officers, Directors & Affiliates			ments to Others
	Salaries and fees			\$	_ 🗆	\$	
	Purchase of real estate			\$	_ □	\$	
	Purchase, rental or leasing and installation of machiner	y and equipment		\$	_ 🗆	\$	
	Construction or leasing of plant buildings and facilities	•••••		\$	_ 🗆	\$	
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger)	securities of another issue	er $\Box$	\$	_ 🗆	\$	
	Repayment of indebtedness			\$	_ 🗆	\$	
	Working capital			\$	<b>- ⋈</b>	\$	7,940,000
	Other (specify):		□	\$	_ 🗆	\$	
				\$	_ 🗆	\$	
	Column Totals			\$	_ <b>IX</b>	\$	7,940,000
	Total Payments Listed (column totals added)			<b>N</b> \$	1/*	<u> </u>	2.940.000
	Total 2 dymono Ested (dolara rodalo adada)		••••	1 <b>%.</b> 5		/	,940,000
	D	. FEDERAL SIGNATU	RE				
sig	e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furnish ormation furnished by the issuer to any non-accredited inve	to the U.S. Securities an	d Exchange	Commission, upon			
		Signature /	, /	٢	Date		
1C0	ode, Inc.	1hn	Ma	s ca	Octob	er <u>31</u>	_, 2003
	- ' ' ' '	Title of Signer (Print or T President			1		

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of s	such rule? Yes	No
		X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) iCode, Inc.	Signature Molaia	Date October 31, 2003
Name (Print or Type) Bijal Mehta	Title of Signer (Print or Type) President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3		4			1	5
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR	·								
CA		X	\$7,199,999.87	5	\$7,199,999.87	0	0		X
СО						!			
CT									
DE									
DC		X	\$29,999.90	1	\$29,999.90	0	0		X
FL									
GA									
HI									
ID									
ΠL									
IN									
ΙA									
KS						-			
KY	·					γ			
LA						_			
ME									
MD		X	\$5,000.13	1	\$5,000.13	0	0		X
MA									<del>                                     </del>
MI		:							
MN									
MS									
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## APPENDIX

1		2	3		4						
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT	<b></b>		Treatred stock								
NE											
NV		<del> </del>									
NH											
NJ											
NM	<u> </u>										
NY								<u> </u>			
NC											
ND											
OH											
OK											
OR						·		-			
PA											
RI											
SC											
SD						. ,					
TN											
TX											
UT											
VT											
VA		X	\$764,999.96	6	\$764,999.96	. 0	0		X		
WA											
WV											
WI											
WY											
PR								1			